

**State of Ohio**  
**Office of Community Development**  
**Request for Payment and Status of Funds request**

**RECEIVED**  
**SEP 15 2016**  
**OCD**

<b>Submit To:</b> Development Services Agency Office of Community Development P.O.Box 1001 Columbus, Ohio 43216-1001	<b>Name and Address of Grantee:</b> COLEMAN PROFESSIONAL SERVICES, INC. 5982 Rhodes Rd Kent, OH 44240	CDBG E.D.RLF Balance: \$ 0 CDBG Housing P.I.Balance:\$ 0 HOME Program Income Balance: \$ 0
<b>Contact Person Information</b> Name: Mary Dague Phone Number: (330) 676-8036 Email: mary.dague@colemanservices.org	<b>Grant Number:</b> S-Y-14-7GJ-1 <b>Draw Number:</b> 74	<b>State Use Only</b> Date: Voucher #: Warrant #:

Project Nbr	Project Name	Activity Nbr	Activity Name	Housing Site Address(If Applicable)	Site Number	Amount Requested (\$)	Approved Activity/Site Budget(\$)	Balance of Activity/Site Budget** (\$)
1	Housing Unit / Building	1	Operating Expenses / CHDO			6,562	52,500	6,566
2	Housing Unit / Building	1	Operating Expenses / CHDO			13,562	108,500	13,566

<b>Total Amount of This Draw :</b>	20,124	161,000	20,132
<b>Certification of Itemization of Expenditures: Two Authorized Signature Are Required</b>			
I Certify that this request for Payment was drawn in accordance with the terms and conditions of the Grant Agreement(s) cited and that the amount drawn is proper for payment to the drawer's depository. I also certify that the data reported above is correct and that the amount of the request for Payment is not in excess of current needs.			
Date: 9/9/16	Signature: <i>Mary Dague</i> ✓	Title: <i>BILLING COORDINATOR</i>	
Date: 9/9/16	Counter Signature: <i>Heather</i> ✓	Title: <i>Accountant</i>	
State Use Only: <i>9/11/15</i>		Date:	
Approved:			